



RURAL HEALTH ADVISORY COMMISSION

NEBRASKA OFFICE OF RURAL HEALTH
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MINUTES of the RURAL HEALTH ADVISORY COMMISSION

Friday, March 11, 2016
Nebraska State Office Building
301 Centennial Mall South
Lincoln, Nebraska

Members Present: Sheri Dawson, R.N.; Marty Fattig; Jessye Goertz; Mary Kent; Lisa Mlnarik, MSN, APRN, FNP; Laeth Nasir, M.D.; Noah Piskorski, D.D.S.; Jenifer Roberts-Johnson, J.D.; Rebecca Schroeder, Ph.D.; Roger Wells, P.A.C.

Members Excused: Brian Buhlke, D.O.; John (Andy) Craig, M.D.; Mike Sitorius, M.D.

Guests Present: Ben Civic, Coordinating Commission for Postsecondary Education; Brian Bossard, M.D., Bryan Telemedicine; Brian Lange, UNMC College of Dentistry; Senator Merv Riepe, Leg. District 12; Charles F. Craft, D.D.S., DHHS Office of Oral Health

Staff Present: Margaret Brockman, Nancy Jo Hansen, Marlene Janssen, Tom Rauner, Deb Stoltenberg

1. Call Meeting to Order; Open Meetings Act & Agenda Posted; Adopt Agenda; Approve Minutes of November 20, 2015, Meeting; Introduce Members (if guests are present)

Marty Fattig called the meeting to order at 1:34 p.m. with the following members present: Dawson, Fattig, Goertz, Kent, Mlnarik, Nasir, Piskorski, Schroeder, and Wells. Excused: Craig, Buhlke, Sitorius.

Marty Fattig announced that the Open Meetings Act and Agenda are posted by the door.

Roger Wells moved to approve the agenda. Dr. Laeth Nasir seconded the motion. Motion carried. YES: Dawson, Goertz, Kent, Mlnarik, Nasir, Piskorski, Schroeder, and Wells. NO: None. Excused: Buhlke, Craig, Roberts-Johnson, and Sitorius.

Roger Wells moved to approve the **November 20, 2015**, RHAC meeting minutes. Dr. Laeth Nasir seconded the motion. Motion carried. YES: Dawson, Goertz, Kent, Mlnarik, Nasir, Piskorski, Schroeder, and Wells. NO: None. Excused: Buhlke, Craig, Roberts-Johnson, Sitorius.

Members, staff, and guests introduced themselves. Jenifer Roberts-Johnson arrived at 1:38 p.m.

2. Administrative Items

- Next Meeting: Friday, June 24, 2016; 1:30 p.m., Lincoln
Need *Host* for September 16, 2016 meeting in rural Nebraska
- Student Loan Interviews/Interviewers
- Review Student Loan Applications (possible conference call on Friday afternoon June 3, 2016)
- Other Announcements

Marty Fattig announced that the next commission will be Friday, June 24, 2016, in Lincoln. As per statute at least one Rural Health Advisory Commission meeting each year needs to be held outside of Lincoln and Omaha. Mr. Fattig asked if any commission members would like to host the September meeting. Roger Wells agreed to host the September meeting in St. Paul, Nebraska.

Marlene Janssen stated that student loan interviews will be held Friday morning on June 24, 2016, and we could use up to 6 interviews. The following members agreed to be interviewers: Sheri Dawson, Marty Fattig, Dr. Rebecca Schroeder, Dr. Mike Sitorius, Roger Wells, and Dr. Noah Piskorski.

Marlene Janssen also asked for a couple of volunteers to review student loan applications via conference call. Ms. Janssen explained that reviewing applications prior to setting up interviews saves both commission members' time and the applicants' time. Dr. Rebecca Schroeder and Shari Dawson agreed to review applications.

In other announcements, Marty Fattig reminded commission members to file their Form C-1 with the Accountability and Disclosure Commission on or before April 1, 2016.

3. Telemedicine

- Presentation – Dr. Brian Bossard, Bryan Health
- Discussion

Dr. Brian Bossard is an internal medicine physician and was the first *hospitalist* in Nebraska in 1993. He is currently the director of Bryan Telehealth and gave a presentation on telemedicine. His interest is in treating and keeping patients closer to home. Dr. Bossard showed a graph of the growth in telemedicine. There are several reasons for the exponential growth in telemedicine including shortage of care in certain areas, technological advances, and cost of care.

How is telemedicine paid for? Legislation is moving slowly in support of telemedicine; however, there are opportunities that telemedicine can be used now in the right locations such as in hospitals where hospitalist coverage, intensive care coverage, and emergency care can bill for expenses. There are limitations on telemedicine care provided in nursing homes and for other services.

Telemedicine can help provide coverage where there is a shortage of providers. It also may provide rural areas the opportunity to capture the “value of care” equation for recruitment and retention of health care providers. “Value of Care” is defined as ((quality of service * satisfaction)/cost). Another advantage of telemedicine may be to provide access to high quality specialty services.

BryanHealth's mission is to keep more patients local and assist shortage areas in the recruitment and retention of physicians. One way telemedicine assists and supports recruitment and retention of physicians is by providing emergency department overnight coverage so rural physicians can enjoy a greater quality of life and longer career life.

Part of BryanHealth's vision is to provide efficient, comprehensive, and sustainable solutions. According to Dr. Bossard, BryanHealth wanted to access emerging telehealth technology that has a greater adaptability. Early telemedicine equipment was paid for with grant funding and not a sustainable model. BryanHealth wanted to have mobile equipment and be able to provide needed services based on the needs of the community such as dermatology, nephrology, neurology, or mental health triage. Dr. Bossard gave an example of how telehealth can assist with treating and transferring a mental health patient from a rural emergency department to a mental health facility while the rural emergency staff is monitoring the patient and providing care until the transfer can take place. Nursing staff is key to providing patient comfort, utilization of system, and working with equipment.

A telemedicine code is used for billing but this does not cover the full cost of operating the system. Hospitals pay a contracted rate for call services. Telemedicine services are set up in the form of a cafeteria-style plan so hospitals can pay only for what they need and BryanHealth only has Nebraska physicians providing telehealth care.

Dr. Bossard also discussed the concept of "Virtual Urgent Care" for minor illnesses using telemedicine. Virtual Urgent Care is a web-based platform where the patient answers questions about his/her symptoms. The physician or primary care provider can then respond electronically and prescribe medication if necessary. This is a private pay system where payment is by credit card and no insurance company is involved. It is limited to minor illness such as upper respiratory infections, urinary infections, etc.

Dr. Rebecca Schroeder asked about what problems BryanHealth has encountered with telemedicine. Dr. Bossard replied that liability is the most frequent issue stating there is risk for the physician not having a relationship with the patient. There was also a question about hospital privileges with telemedicine and Dr. Bossard explained that the telemedicine physician has hospital privileges by proxy.

4. Federal & State Legislation

- Subcommittee to look at legislative changes (i.e. telemedicine, any clean-up, etc.)
- Rural Health Systems and Professional Incentive Act - Regulations

Marty Fattig provided a handout of Nebraska Legislature's priority bills and asked Senator Merv Rippe to comment. Senator Rippe reported that LB817 is the Direct Primary Care legislation. This legislation allows the patient and physician to contract for direct primary care services. The patient would have to have a major medical insurance policy that meets the Affordable Care Act. The idea of Direct Primary Care is to help individuals obtain healthcare and take responsibility for their primary care.

Senator Rippe stated that he voted 'no' on LB1032, the Transitional Health Insurance Program Act (expansion of Medicaid). He explained that his 'no' vote was in part because government cannot start a program and then sunset it in 3 years. According to Senator Rippe, the estimates of uninsured people are low. Other states underestimated the number of uninsured and the cost of expanding Medicaid which has led to financial shortfalls. There is a sense of unfairness allowing underinsured and uninsured to have the State pay for private health coverage and anything not covered is paid by Medicaid. This is a disincentive for recipients to pursue employment and get on employer-based insurance. Senator Rippe would like to see a system that encourages people to get off of the Medicaid system and become more self-sufficient. Medicaid pays better and there are not the significant out-of-pocket costs.

Senator Rippe confirmed that he does not want a single-payer national healthcare system; "it is not good for America." Senator Rippe proposed a legislative resolution to encourage our Nebraska Congressional delegates to pursue legislation that allows veterans to be treated near their homes at rural health clinics and critical access hospitals. It is good for the veteran and good for the community. Lisa Mlnarik

commented that veterans can be treated better at home and not just occupy a bed until they can be transferred to the veteran's hospital in Omaha. Senator Rippe added that we do not need to spend a billion dollars on a new veteran's hospital in Omaha if veterans can be treated at facilities close to their homes and community support.

Marty Fattig thanked Senator Rippe for coming to the commission meeting and providing insight into legislative issues. Mr. Fattig provided a handout to commission members for them to read on federal legislative issues with the comment that nothing much is happening at the federal level because it is an election year. There was no discussion of specific federal legislative issues.

Jenifer Roberts-Johnson left at 2:50 p.m.

Marty Fattig stated that with the legislative changes to the Rural Health Systems and Professional Incentive Act, the commission needs to have a subcommittee work with the Office of Rural Health to propose regulation changes. For example, regulations need to be written for the new medical resident loan repayment program. The commission has also had discussions about emergency room coverage in rural areas and the statutory definition of primary care. As a commission, we need to have a subcommittee that is willing to assist with the regulation updates. Marlene Janssen clarified that DHHS is responsible for doing regulations but the commission has always provided input into the regulatory process since it is the commission that awards the rural incentives. The following commission members volunteered to service on a subcommittee to work on regulations: Dr. Laeth Nasir, Dr. Rebecca Schroeder, and Lisa Mlnarik.

Jenifer Roberts-Johnson returned at 2:59 p.m.

Marty Fattig suggested that the commission have a formal motion concerning the purpose of this subcommittee. Dr. Nasir moved to have a subcommittee, facilitated by the Office of Rural Health staff, look at potential guidelines, regulations, and/or legislative changes and prepare a proposal for the full commission. Lisa Mlnarik seconded the motion. Discussion: Marlene Janssen commented that this subcommittee will review the guidelines established by the commission for the administration of the rural incentive programs. These guidelines have not been updated and reviewed for several years. Motion carried. YES: Dawson, Goertz, Kent, Mlnarik, Nasir, Piskorski, Roberts-Johnson, Schroeder, and Wells. NO: None. Excused: Buhlke, Craig, Sitorius.

5. State-Designated Shortage Areas

Marty Fattig explained that one of the commission's statutory duties is to establish guidelines for the designation of shortage areas. Commission members received the current shortage area guidelines in their materials. These guidelines need to be reviewed and updated if necessary. Marlene Janssen stated that the last update to these guidelines was for occupation therapists and physical therapists when survey data became available to determine full-time equivalency by county. Most of the shortage area guidelines are based on federal guidelines but modified for Nebraska's unique population distribution.

Ms. Janssen commented that there are no specific concerns with the current shortage area guidelines but the issue of "what is a primary care practice" has come up several times. This may need to be defined in regulations because the statute only defines primary care specialties. Margaret Brockman commented that new health care models are evolving. The same group of primary care providers in a rural clinic may be covering the emergency room after hours and seeing the same patients they see in clinics. The provider is taking care of the same population, just in the emergency department instead of the clinic. Marlene Janssen reported that there was a legislative evaluation done back in 1998-99 and this type of

interpretation is a legislative issue because primary care is defined in statute. It was agreed that health care models have change in the past 20 years but the statutes may not have evolved with those changes and may need to be changed.

Marty Fattig asked for a motion to have the Office of Rural Health staff complete the 3-year statewide review of shortage areas. Dr. Nasir moved to have the Office of Rural Health staff complete the 3-year statewide review of shortage areas, email the proposed shortage areas to the Rural Health Advisory Commission members for approval, and then proceed with a 30-day public comment period. Dr. Rebecca Schroeder seconded the motion. Motion carried. YES: Dawson, Goertz, Kent, Mlnarik, Nasir, Piskorski, Roberts-Johnson, Schroeder, and Wells. NO: None. Excused: Buhlke, Craig, Sitorius.

6. Rural Health Systems and Professional Incentive Act

- Shortage Areas; Rural ER Coverage (*Jefferson County concern 1/15/2016*)
- Updates on Student Loan/Loan Repayment
- Accounts Receivable
- Review Budget

Marlene Janssen reported that the rural ER coverage issue was discussed under the shortage area discussion.

Jenifer Roberts-Johnson left at 3:23 p.m.

Concerning updates on student loan/loan repayment recipients, Ms. Janssen advised the commission that Lawrence Chatters, a doctoral psychology student loan recipient, provided an update on his educational process at the request of the commission for extending his training period. Mr. Chatters wrote that *"I am currently enrolled in one of the last two courses I need to complete my degree. ... I am also attending weekly dissertation meetings with my advisor."* Mr. Chatters indicated that his plan is to complete the dissertation proposal by Fall 2016 and collect data, finish writing his dissertation in Spring 2017, and defend his dissertation in Summer 2017. He also stated he will begin applying for an internship in Fall 2016. He hopes to graduate in Fall 2018.

Marlene Janssen reported that 5 applicants that were approved for loan repayment have withdrawn their applications either at the request of the local entity and/or the health professional. The following applicants withdrew from loan repayment: Abby Hansen, P.A. (Webster County), Christi Masty, N.P. (Colfax County), Katie DeMuth, P.A. (Antelope County), Kimberly Hafeman, P.A. (Cheyenne County), and Michael Taylor, P.A. (Harlan County).

Ms. Janssen presented the following accounts receivable report:

Student Loan Update (Contract Buyout and Defaults)

Emory Dye, medical student – in-school buyout notified 06/2015, current, Due May 1, 2017
Kimberly Schroeder, LIMHP – non-shortage area practice; began repaying 1/1/2016; current
Andria Simons, med student – court judgment; continues making payments
Nick Woodward, DDS Ped – (left Nebraska after graduating ...moved back to Nebraska and is now practicing in the Omaha metro area), payments current

Loan Repayment (Defaults – left shortage area for non-shortage area or left Nebraska)

Adam Ladwig, P.T. – not meeting min. 20 hours/week in shortage area; 1st payment due 6/1/16

Wayne Moss, M.D. – Left Nebraska end of October 2015; PAID-IN-FULL 3/9/2016
Paul Willette, M.D. (general surgeon) – left Nebraska, default 7/1/2013, Legal staff working
on collecting

Marlene Janssen reported that the appropriation for each of the two fiscal years in the biennium includes \$787,086 in general funds and \$1,856,815 in cash spending authority. Some of the cash spending authority is used for the student loans and the state match for loan repayment. Most of the cash spending authority is used for the local match for loan repayment. There must be money in the cash fund in order to use the cash spending authority.

Marty Fattig asked how many loan repayment applicants will be on the waiting list. Ms. Janssen stated after this meeting there may be approximately 24 loan repayment applicants on the waiting list. Mr. Fattig commented that with the maximum amounts of the incentive awards increased and with the number of waiting list applicants, we need more money! Hearing no other discussion, Mr. Fattig asked for a motion to go to closed session.

7. Closed Session
▪ Review Loan Repayment Applications

Dr. Rebecca Schroeder moved to go to closed session at 3:26 p.m. to review loan repayment applications. Roger Wells seconded the motion. Motion carried. YES: Dawson, Goertz, Kent, Mlnarik, Nasir, Piskorski, Schroeder, and Wells. NO: None. Excused: Buhlke, Craig, Roberts-Johnson, Sitorius.

Marty Fattig announced that the RHAC would go into Closed Session at 3:27 p.m. to review the loan repayment applications. Mr. Fattig asked guests to please wait outside the room.

Lisa Mlnarik moved to go to Open Session at 3:30 p.m. Sheri Dawson seconded the motion. Motion carried. YES: Dawson, Goertz, Kent, Mlnarik, Nasir, Piskorski, Schroeder, and Wells. NO: None. Excused: Buhlke, Craig, Roberts-Johnson, Sitorius.

8. Open Session
▪ Motion(s) on Loan Repayment Applications

Lisa Mlnarik moved to approve the following loan repayment applications with estimated loan repayment start dates and loan repayment amounts as indicated or as determined by Office of Rural Health staff based on issuance of license and/or loan documentation, practice time in the shortage area, and if cash funds are available for the *state* match as determined by the Office of Rural Health:

Applicant's Name	Loan Repayment Start Date	Specialty	County (Town) of Practice	Total LR Amt. State & Local
Hansen, Theresa	03/01/2016	N.P. (FP)	Knox County (Creighton)	\$60,000.00

and move the following loan repayment application(s) to the waiting list:

Applicant's Name	Estimated Loan Repayment Start Date	Specialty	County (Town) of Practice	Total LR Amt. State & Local
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Tourtsev, Rousian	08/01/2016	D.O. (FP)	Brown County (Ainsworth)	\$120,000.00
Godina, Gabriel	07/01/2016	M.D. (FP)	Keith County (Ogallala)	\$119,862.00
Krajewski, Alexa	07/01/2016	P.A. (FP)	Keith County (Ogallala)	\$60,000.00
Kiichler, Kady	07/01/2016	M.D. (OB/GYN)	Platte County (Columbus)	\$120,000.00
Mauer, Kendall	07/01/2016	P.A. (FP)	York & Polk Cos. (York)	\$60,000.00
Wulf, Nicholas	07/01/2016	M.D. (OB/GYN)	Platte County (Columbus)	\$120,000.00
Wilson, Amanda Pending NE License	08/01/2016	M.D. (OB/GYN)	Platte County (Columbus)	\$120,000.00
Wehrman, Douglas	07/01/2016	P.T.	Nuckolls County (Superior)	\$20,779.00
Fox, Colby	07/01/2016	P.T.	Nuckolls County (Superior)	\$60,000.00
DeMuth, Katie	07/01/2016	P.A. (FP)	Knox County (Creighton)	\$57,998.00
Westengaard, Justin	08/01/2016	M.D. (FP)	Richardson County (Humboldt)	\$120,000.00
Folks, Brittany Pending NE License	09/01/2016	M.D. (IMS)	Scotts Bluff County (Scottsbluff)	\$120,000.00
Hensley, Emily 50-50 clinic/telehealth - elig for 1/2 LR	07/01/2016	N.P. (Psyc)	Buffalo County (Kearney)	\$17,755.00
Crockett, Libby	08/01/2016	M.D. (OB/GYN)	Hall County (Grand Island)	\$120,000.00
Matta, Melissa 0.75 FTE; local match=\$2,500/yr	07/01/2016	O.T.	Box Butte County (Alliance)	\$15,000.00
Banks, Cassie currently oblig. Nurse Corps LR	09/01/2016	N.P. (FP)	Sheridan County (Gordon)	\$26,145.00
Griess, Kathryn SL Oblig. ends 04/15/2016; 0.9 FTE	07/01/2016	P.A. (FP)	Johnson County (Tecumseh)	\$54,000.00
Miedema, Angela	07/01/2016	P.A. (FP)	Cherry County (Valentine)	\$60,000.00
Spangler, Chelsea 0.8 FTE (school contract)	07/01/2016	O.T.	Wayne (Wayne), Dixon, Ceder Cos.	\$48,000.00
Barjenbruch, Leah	07/01/2016	P.A. (FP)	Cheyenne (Sidney) & Deuel Cos.	\$60,000.00

Roger Wells seconded the motion. Motion carried. YES: Dawson, Goertz, Kent, Mlnarik, Nasir, Piskorski, Schroeder, and Wells. NO: None. Excused: Buhlke, Craig, Roberts-Johnson, Sitorius.

9. Office of Rural Health Updates

Margaret Brockman reported that the Federal Office of Rural Health Policy (FORHP) contacted the Nebraska Office of Rural Health to do some inquiries concerning the closure of the Rosebud Indian Reservation hospital's emergency department (ED), which occurred around the first week of February, and the impact on rural hospitals in the area. Cherry County Hospital (Valentine, Nebraska) has had a 67 percent increase in ED traffic, air flights out of Valentine have tripled, patients being seen are very sick, and the hospital had no notice of the closing and no time to prepare. Cherry County Hospital is currently contracting for additional providers and contacted BryanHealth about telehealth just this morning (March 11, 2016). The FORHP also contacted South Dakota and their response has been about the same for the Winner, South Dakota hospital.

There are problems with billing Indian Health Services (IHS). It was stated during the commission's discussion that there is no way to bill IHS. Dr. Rebecca Schroeder asked if alcohol-issues are the prevalent problem. Roger Wells stated that both of his children (one is a physician and one is a physician assistant) did rotations in that area and reported that patients from IHS would come in drunk and sick with diabetes. They would be provided insulin and sleep it off before walking out the next morning

(discharged AMA (Against-Medical-Advise)). It is a way of life on the reservation. Providers do not stay because patients are non-compliant. There needs to be a waiver system to pay providers and facilities not part of the IHS system.

After some discussion about contacting Nebraska's congressional representatives, Lisa Mlnarik moved to have Marty Fattig (RHAC chair) contact Brent Peterson (Cherry County Hospital CEO) to ask what action the RHAC should take to assist in the IHS closure and the impact on Cherry County Hospital. Dr. Rebecca Schroeder seconded the motion. Motion carried. YES: Goertz, Kent, Mlnarik, Nasir, Piskorski, Schroeder, and Wells. Abstained: Dawson. No: None. Excused: Buhlke, Craig, Sitorius, Roberts-Johnson.

Margaret Brockman reported that the Office of Rural Health staff is having a retreat to develop a strategic plan for rural health and where funding should be focused. The summary of issues identified at stakeholder meetings that were held across Nebraska with consultant Dave Palm will be used and Dave Palm will facilitate the discussion.

Ms. Brockman reported that the Office of Rural Health is working internally with the Behavioral Health and Medicaid Divisions on the opioid abuse issue.

There is a grant opportunity from the National Association of State Health Policy to get technical assistance to assist Rural Health Clinics and Federally Qualified Healthcare Centers create value-based payment models. In order to apply for this grant Medicaid and the Primary Care Association must be on the team.

Ms. Brockman stated that the Office of Rural Health staff is working on a conference in western Nebraska that focuses on patient-centered medical homes. Office of Rural Health staff will also be represented at the National Rural Health Association meeting in Minneapolis in May.

Nancy Jo Hansen reported that she will be working on the FLEX grant in the next couple of week. There will be some carryover of this year's FLEX grant which will be used for an on-line Lean training program for up to 10 participants, a data boot camp for quality healthcare, funding speaker costs to come to Nebraska to work with health care financing and value based purchasing, and helping to pay for networks to have national training. Ms. Hansen also mentioned that additional National Health Service Corps State Loan Repayment Program funds may be coming around September 1, 2016.

10. Other Business

Marlene Janssen announced that she attended a Healthcare Law Forum and if anyone is interested she has a couple of extra handouts from the forum.

Lisa Mlnarik asked if there is any legislation in Nebraska concerning what entity is responsible for Emergency Medical Services. Marty Fattig stated that Senator Dan Watermeier introduced legislation but it has not come out of committee because it has a fiscal impact.

11. Adjourn

Roger Wells moved to adjourn at 3:55 p.m. (no second necessary). Motion carried. YES: Dawson, Goertz, Kent, Mlnarik, Nasir, Piskorski, Schroeder, and Wells. NO: None. Excused: Buhlke, Craig, Roberts-Johnson, Sitorius.